

## REFERENCES AND REVIEWS

(Continued from Page 53)

two pints given to one patient, was unnecessary. Patients were kept inactive for one week after suture removal to avoid hematoma formation in the wound. Under cover of this material these patients behaved as normals.

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**SERUM-GALACTOSAMINE: DIAGNOSTIC INDEX OF LIVER FIBROSIS IN LIVER DISEASE**—C. Hirayama, T. Yoshikawa, and H. Tada. *Lancet*—Vol. 1:532 (March 11) 1961.

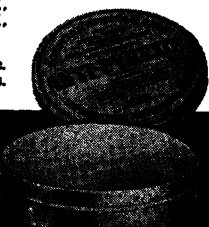
An increase in the level of serum-galactosamine was observed in liver diseases. This increase did not correlate with impaired liver function, but it did correlate with liver fibrosis. These findings suggest that the serum-galactosamine level may be a useful index of the degree of liver fibrosis.

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**EMOTIONAL FACTORS IN CORONARY HEART DISEASE**—H. B. Sprague. *Circulation*—Vol. 23:648 (May) 1961.

Some investigators have emphasized the role of emotional stress among the etiological factors in coronary atherosclerosis. This stress has been considered peculiar to Western civilization and correlated with the high incidence of coronary disease in this part of the world. Similarly it has been implicated in coronary thrombosis. This opinion seems unsubstantiated. Emotional stress is ubiquitous. The author describes patients illustrating the absence of either acceleration of overt coronary disease or recurrence of coronary occlusion under continued or increased nervous tension. Genetic influences are paramount in atherosclerosis, and environmental factors other than emotional stress appear to be much more significant in its development.

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**TREATMENT OF ACUTE RHEUMATIC FEVER**—A. Dorfman, J. I. Gross, and A. E. Lorincz. *Pediatrics*—Vol. 27:692 (May) 1961.

A controlled study of therapy was conducted on 131 patients with first attacks of acute rheumatic fever of 18 days or less duration. All patients were maintained on a basic regimen of bed rest and initial penicillin therapy followed by sulfadiazine prophylaxis. The effect of the basic regimen was compared with those of hydrocortisone, salicylates, and a combination of these two agents. Both acetylsalicylic acid (Aspirin) and hydrocortisone favorably affected certain acute manifestations, the effect of the latter was more striking. Treatment with hydrocortisone appeared to result in a decrease in apical systolic murmurs by the end of one year as compared with acetylsalicylic acid or no specific antirheumatic therapy. No advantage of combined therapy was found. It is recommended that acute rheumatic fever with carditis should be treated with hormones, but, in the absence of carditis, salicylates should be employed.

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**EARLY ANEMIA OF ACUTE RHEUMATIC FEVER**—A. M. Mauer. *Pediatrics*—Vol. 27:707 (May) 1961.

The early anemia in 12 patients with acute rheumatic fever was studied. Measurements of plasma volume with T-1824 dye and of red blood cell (RBC) volume with Cr <sup>51</sup>-labeled RBC's demonstrated the cause to be a dilution of RBC mass by a transient increase in plasma volume. Red blood cell survival was studied in three patients and was normal. Although the reason for the increase in plasma volume was not apparent from these studies, this process would seem to be a primary feature of early acute rheumatic fever.

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